

BEAR RIVER VALLEY NURSING HOME PROVIDER #: 46A043 FACILITY BEDS TYPE ACTION: RECERTIFICATION  
460 WEST 600 NORTH PHONE NUMBER: (435) 257-4400 TOTAL: 38  
TREMONTON UT 84337 PARTICIPATION DATE: 03/01/1991 CERTIFIED: 38 TYPE OWNERSHIP: NONPROFIT - CORPORATION  
STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 07/09/2003	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 38			
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TOTAL: 34	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR
MEDICARE: 0	SUSPENSION RESCINDED:	--	----	--	-----
MEDICAID: 24				38	
OTHER: 10					

CURRENT SURVEY REVISIT DATES - 09/03/2003

PRIOR 3 SURVEY	S/S CODE	PRIOR 2 SURVEY	S/S CODE	PRIOR 1 SURVEY	S/S CODE	CURRENT SURVEY	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
01/2000		03/2001		05/2002		07/09/2003			
				X	C				REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
		X	E						REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
		X	E						REQ F0316-APPROPRIATE TREATMENT FOR INCONTINENT RES
				X	E				REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
		X	E			X C	F	08/30/2003	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
X	E								REQ F0444-WASH HANDS WHEN INDICATED
X	E								REQ F0463-RESIDENT CALL SYSTEM

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
01/2000	02/2001	05/2002	07/21/2003		
X					K0018-CORRIDOR DOORS
			X P	09/15/2003	K0050-FIRE DRILLS
		X			K0051-FIRE ALARM SYSTEM
			X P	09/15/2003	K0052-TESTING OF FIRE ALARM
		X	X N		K0056-AUTOMATIC SPRINKLER SYSTEM
		X	X C	09/15/2003	K0062-SPRINKLER SYSTEM MAINTENANCE
X					K0072-FURNISHING AND DECORATIONS
		X			K0073-FLAMMABLE FURNISHINGS
			X P	09/15/2003	K0074-COMBUSTIBLE CURTAINS
	X	X	X C	09/15/2003	K0130-OTHER

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT  
COP = CONDITION REQ = REQUIREMENT

BEAR RIVER VALLEY NURSING HOME

PROVIDER #: 46A043

TYPE OF DEFICIENCY -----	CURRENT SURVEY -----	PRIOR 1 SURVEY -----	PRIOR 2 SURVEY -----	PRIOR 3 SURVEY -----
CONDITION	0	0	0	0
REQUIREMENT	1	2	3	2
HEALTH TOTAL	1	2	3	2
LIFE SAFETY CODE	6	5	2	1
LIFE SAFETY CODE + HEALTH	7	7	5	3

COMPLAINT SURVEY INFORMATION

SURVEY DATE -----	STATUS -----
03/10/1999	UNSUBSTANTIATED

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY